



The URAC PCMH Practice Achievement Program

By Kylanne Green

NOTE: Medical Home News has invited each of the five national organizations offering recognition/accreditation for medical homes – the Accreditation Association for Ambulatory Health Care, the Joint Commission, NCQA, Planetree, Inc., and URAC -- to provide a feature article describing their programs. This is the fifth and last in the series. Ed.

The Affordable Care Act (ACA) created the opportunity for healthcare providers and payers to collaborate more effectively to improve integration and coordination of patient care. ACA initiatives accelerated a shift in the care delivery system, placing an increased emphasis on the ability for healthcare providers to deliver the triple aim: better care, better health, and lower costs.

A Patient Centered Medical Home (PCMH) ensures patients receive the right care in the right setting at the right time. Data shows that this proactive approach to patient health accounts for a significant reduction in unnecessary emergency department visits and avoidable hospitalizations. These reductions then translate to lower incidences of illness, mortality, and lost days of productivity; and, thus lead to increased cost savings for the patient and the healthcare system.

The URAC PCMH Practice Achievement Program delivers on the promises of healthcare reform by:

- Increasing access to services
- Supporting care coordination across the continuum
- Improving patient accountability through information and active decision-making
- Driving efficiency and effectiveness

The URAC PCMH program evaluates practices across key URAC PCMH practice standards that align with the Joint Principles of the Patient-Centered Medical Home and directly address meaningful use requirements for electronic medical records, e-prescribing, and quality data submission.

The PCMH program is flexible and customizable, allowing multiple pathways to gain recognition. Practices are allowed to self-select certain standards within the achievement program and URAC recognizes organizations for partially or fully meeting the essential (i.e., required) standards. Thus the organization is able to meet the diverse needs of practices and payers alike while participating in the PCMH transformative process.

To qualify for PCMH Practice Achievement recognition, a practice must be reviewed onsite; the validation process allows reviewers to evaluate the extent to which each of the standard elements are in place, and whether the total score calculated warrants awarding the PCMH Practice Achievement.

Patient-Centered Medical Home as Part of a Bigger Picture

The URAC PCMH is designed as part of a broader solution. URAC enhanced the medical home model to incorporate the goals of the ACA to improve care coordination and integration more broadly across the provider system. The PCMH program is the keystone in the Provider Care Integration & Coordination Accreditation suite of programs, which offers a flexible, educational approach to assist provider organizations as they move from coordinated to integrated care:

- From physician practice groups to fully functioning medical homes
- From loosely organized networks to clinically integrated networks
- From clinically integrated networks to providing population-based health through accountable care entities

The URAC Provider Care Integration & Coordination Accreditation Programs:

- PCMH,
- Clinical Integration Accreditation, and
- Accountable Care Accreditation

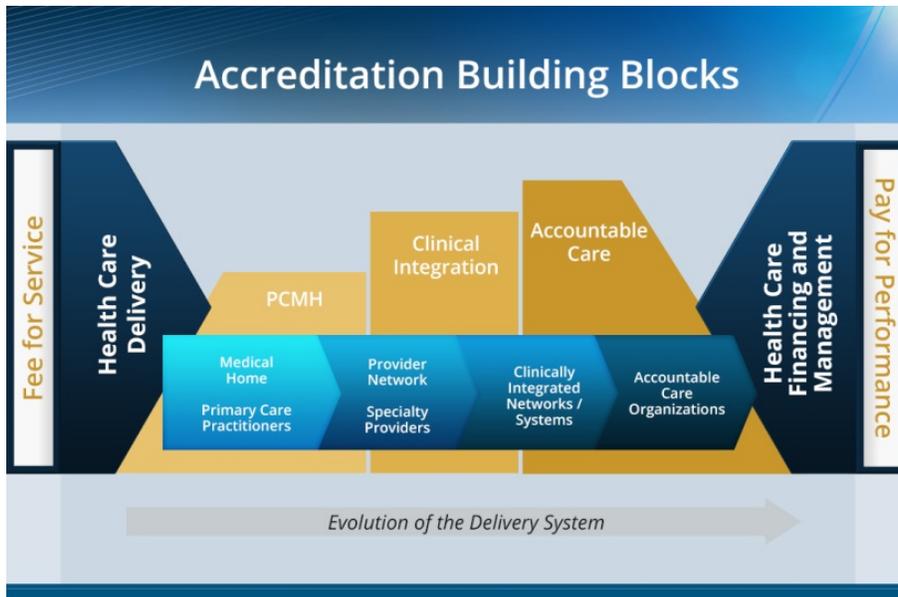
... serve as a roadmap to advance care coordination, integration, and care management of patients that improve quality and healthcare outcomes while controlling costs.

The URAC PCMH Practice Achievement Program...continued

URAC standards assist healthcare organizations seeking to ensure quality and participate in pay-for-performance payment models. By creating standards that are industry-vetted, best practices can be formalized and broadly accepted for the establishment of these emerging provider models.

It is not a requirement or a pre-requisite that the provider practices that make up a Clinically Integrated Network or Accountable Care Organization become a Medical Home, but PCMHs are a solid first step in coordinating care between physicians in a primary care practice group setting. Utilizing this level of integration as a start puts an organization on the path towards broader integration of external provider groups and creating a culture and system of accountability.

In other words, clinically integrated networks and Accountable Care Organizations will be seeking practice groups that have achieved some level of PCMH functionality to leverage the value of primary care and the elements of the Patient-Centered Medical Home.



Developing effective clinical integration is a multi-stage process. The URAC Provider Care Integration & Coordination Accreditation programs build upon a model in which PCMH is the foundation for care coordination at the primary practice level.

The Clinical Integration program expands upon the PCMH model by broadening the purview of provider networks to ensure further collaboration, care coordination, consistent and best practice evidence-based guidelines for managing patients.

Further development leads to a fully Accountable Care system which can effectively manage population health while assuming a pay-for-performance payment model.

A clinically integrated network is responsible for the cost and quality of care throughout the entire healthcare services continuum, extending beyond the focus on either the primary care or hospital environment. Thus the clinically integrated network is comprised of broader networks of primary care physicians, hospitals, and specialists, requiring that these different entities operate cohesively across the following components:

- **Interdependence:** collaboration, info sharing among practitioners
- **Care Coordination:** primary and specialty care linkages
- **Clinical Protocols:** common shared protocols across a wide range of diseases and conditions
- **Clinician Responsibility:** compliance with standards and protocols
- **Infrastructure:** appropriate systems and training
- **IT Integration:** use of information technology and clinician decision support
- **Performance:** monitoring and improvement and feedback
- **Outcomes:** measurable outcomes which are actionable
- **Results:** demonstrate improvement on performance and utilization costs at individual provider and across the provider spectrum

The URAC Clinical Integration Accreditation program independently validates that an integrated network has an active and ongoing care coordination program in place. In addition, the Clinical Integration program evaluates and modifies participating providers' practice patterns to promote a high degree of interdependence and cooperation in order to control costs, ensure quality and improve health outcomes.

Higher performing clinically integrated networks may participate in quality incentive programs and contract with Pay-for-Performance reimbursement programs. The URAC Clinical Integration Accreditation program aligns to Federal Trade Commission (FTC) antitrust guidance – for ensuring that providers collectively collaborate to improve patient care and control/contain cost.

The URAC PCMH Practice Achievement Program...continued

URAC's groundbreaking approach to accrediting a spectrum of healthcare functions now includes PCMH, clinical integration, and accountable care, which builds upon the clinical integration foundation to focus on the advance structure and operations that deliver total population health to improve health outcomes. URAC's robust standards assist healthcare organizations seeking to ensure quality and participate in pay-for-performance payment models.

The URAC Accountable Care Accreditation program helps providers address patient centeredness and engagement, health information technology, quality management, population-based risk management, and case management.

Progression from a PCMH through Clinical Integration to Accountable Care

Requirements	Medical Home	Clinical Integration	Accountable Care
Care Coordination	X	X	X
Patient Centeredness	X	X	X
Evidence-Based Guidelines	X	X	X
Meaningful Use Requirements	X	X	X
Coordinating Transitions of Care	X	X	X
Financial Integration		X	X
Communication and Collaboration among Providers across the Network		X	X
Performance Metrics Selection and Reporting		X	X
Demonstration of Improved Quality and Reduction in Cost		X	X
Population Health Management			X
Greater Clinical Integration Across the Continuum of Care			X
Population-Based Risk Management			X

While other Accountable Care Accreditation programs focus specifically on the requirements of the Medicare Shared Saving Program (MSSP), URAC took a more broad-based approach by building upon the Clinical Integration framework to focus on population health, expanded care coordination and case management capabilities, and appropriate utilization of resources to effectively manage all patients across the health spectrum thus optimizing health outcomes while containing cost.

All URAC programs include an onsite review, which validates in real time an organization's compliance with standards and verifies an organization's improvement in care coordination, collaboration, patient-centeredness and accountability to meet quality health outcomes. The onsite review team assesses factors that cannot be adequately described in written form. URAC spends considerable time monitoring the healthcare environment, vetting their standards, and securing input from a broad community of stakeholders prior to agreeing upon final requirements. URAC will be releasing updated standards for PCMH in Winter 2014.

Kylanne Green is President and CEO of URAC, a national accreditation leader. A Nurse Practitioner by background, Ms. Green has more than 40 years' experience in health care delivery and insurance strategy and operations. Most recently, she served as Executive Vice President and CEO of Care Management and Health Plan Operations for Inova Health System. She may be reached at kgreen@urac.org.